



New York City Comptroller
Brad Lander

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PI1-E

Personal Injury Claim Form

Electronically filed claims must be filed within 90 days of the occurrence using the Office of the NYC Comptroller's website. If the claim is not resolved within one (1) year and 90 days of the occurrence, you must start a separate legal action in a court of law before the expiration of this time period to preserve your rights.

I am filing: ☐ On behalf of myself.

☐ On behalf of someone else. If on someone else's behalf, please provide the following information.

Last Name:

First Name:

Relationship to
the claimant:

Claimant Information

*Last Name: CAESAR

*First Name: LLOYD

*Address: 891 MOTHER GASTON BLVD

Address 2:

*City: BROOKLYN

*State: NEW YORK

*Zip Code: 11212

*Country: USA

Date of Birth: *Format: MM/DD/YYYY*

Soc. Sec. #

HICN:
(Medicare #)

Date of Death: *Format: MM/DD/YYYY*

Phone:

*Email Address:

*Retype Email
Address:

Occupation:

City Employee? ☐ Yes ☒ No ☐ NA

Gender ☒ Male ☐ Female ☐ Other

☒ Attorney is filing.

Attorney Information (If claimant is represented by attorney)

+Firm or Last Name: BONUS

+Firm or First Name: JUSTIN

+Address: 118-35 QUEENS BLVD

Address 2: SUITE 400

+City: FOREST HILLS

+State: NEW YORK

+Zip Code: 11375

Tax ID:

Phone #: (347) 920-0160

+Email Address: JUSTIN.BONUS@GMAIL.COM

+Retype Email
Address: JUSTIN.BONUS@GMAIL.COM

The time and place where the claim arose

*Date of Incident: 12/27/2023 *Format: MM/DD/YYYY*

Time of Incident: *Format: HH:MM AM/PM*

*Location of
Incident: ARREST IN THE BORO OF BROOKLYN AND
HELD IN HOLDING CELLS AND IN CENTRAL
BOOKING

Address:

Address 2:

City:

*State:

Borough:

BROOKLYN

NEW YORK

BROOKLYN (KINGS)

* Denotes required fields.

+Denotes field that is required if attorney is filing.

A Claimant OR an Attorney Email Address is required.



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***Manner in which
claim arose:**

DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1983) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION OF CIVIL RIGHTS UNDER COLOR OF LAW PURSUANT TO MUNICIPAL POLICY, PRACTICE AND/OR CUSTOM (42 U.S.C. § 1983 AND MONELL V. DEP'T OF SOCIAL SERVS., 436 U.S. 658 (1978)) IN VIOLATION OF THE AFORESAID AMENDMENTS; CONSPIRACY TO INTERFERE WITH CIVIL RIGHTS UNDER COLOR OF LAW (42 U.S.C. § 1985) IN VIOLATION OF THE FOURTH, FIFTH, SIXTH, EIGHTH, NINTH AND FOURTEENTH AMENDMENTS TO THE UNITED STATES CONSTITUTION; DEPRIVATION UNDER COLOR OF LAW OF RIGHTS GUARANTEED BY ARTICLE 1, SECTIONS 6 AND 12 OF THE CONSTITUTION OF THE STATE OF NEW YORK; FALSE ARREST; FALSE IMPRISONMENT; MALICIOUS PROSECUTION; NEGLIGENCE; CRUEL AND UNUSUAL PUNISHMENT; EXCESSIVE FORCE; DESTRUCTION OF PROPERTY; INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS; PRIMA FACIE TORT; ABUSE OF PROCESS; NEGLIGENT HIRING; NEGLIGENT TRAINING; NEGLIGENT SUPERVISION; FAILURE TO INVESTIGATE; FAILURE TO TIMELY AND PROPERLY RESPOND TO MISCONDUCT; MISREPRESENTATION; FAILURE TO TIMELY AND PROPERLY EXERCISE PROSECUTORIAL FUNCTIONS AND INDEPENDENT JUDGMENT. IT IS ALLEGED THAT THE EMPLOYEES OF THE CITY OF NEW YORK INTERFERED WITH THE CIVIL RIGHTS OF THE CLAIMANT WHEN OFFICERS OF THE NEW YORK CITY POLICE DEPARTMENT ON DECEMBER 27, 2023 ARRESTED CLAIMANT WITH NO PROBABLE CAUSE, CHARGING HIM WITH HARASSMENT, MENACING, AND CRIMINAL POSSESSION OF A WEAPON IN THE 4TH DEGREE. AFTER SPENDING OVER 2 DAYS INCARCERATED MR. CAESAR WAS RELEASED SOME TIME ON DECEMBER 29, 2023. ULTIMATELY, THE KINGS COUNTY DISTRICT ATTORNEY'S DISMISSED THE CHARGES ON APRIL 1, 2024. THE AFORESAID CAUSES OF ACTION ARISE FROM THE UNLAWFUL ARREST, IMPRISONMENT AND ABUSE OF CRIMINAL PROCESS OF CLAIMANT LLOYD CAESAR FOR MULTIPLE CHARGES, WHICH INCLUDE HARASSMENT, MENACING AND CRIMINAL POSSESSION OF A WEAPON IN THE 4TH DEGREE, AS A RESULT OF THE WILLFUL, INTENTIONAL, MALICIOUS, RECKLESS, NEGLIGENT, AND OR DELIBERATE INDIFFERENCE OF THE CITY OF NEW YORK, THE NEW YORK CITY POLICE DEPARTMENT, AND THEIR EMPLOYEES, AGENTS AND/OR SERVANTS. MR. CAESAR WAS ALSO SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT WHEN HE WAS INCARCERATED FOR OVER 2 DAYS. THE AFORESAID DEPRIVATIONS, BREACHES, TORTS AND VIOLATIONS ARE CONTINUOUS FROM THE DATE OF ARREST ON DECEMBER 27, 2023 TO APRIL 1, 2024, WHICH WAS THE DATE THAT THE COURT DISMISSED THE CHARGES. MR. CAESAR WAS INCARCERATED WRONGFULLY FOR OVER 2 DAYS.



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**The items of
damage or injuries
claimed are
(include dollar
amounts):**

ON DECEMBER 27, 2023, CLAIMANT WAS ARRESTED FOR MENACING, HARASSMENT, AND CRIMINAL POSSESSION OF A WEAPON IN THE 4TH DEGREE. THERE WAS NO PROBABLE CAUSE TO ARREST CLAIMANT. BECAUSE OF THE UNLAWFUL ARREST, THE KINGS COUNTY DISTRICT ATTORNEY'S OFFICE DISMISSED THE CASE ON APRIL 1, 2024. CLAIMANT WAS SUBJECTED TO OVER 2 DAYS OF INCARCERATION.

THE DAMAGES SUSTAINED BY CLAIMANT, UPON INFORMATION AND BELIEF ARE:

THE CLAIMANT SUFFERED FROM WRONGFUL PROSECUTION, WRONGFUL AND UNCONSTITUTIONAL LOSS OF LIBERTY FOR OVER 2 DAYS, AND ALL DAMAGES THAT ARE ASSOCIATED WITH SUCH LOSS AND INTERFERENCE OF THE AFOREMENTIONED RIGHTS, INCLUDING, BUT NOT LIMITED TO, SEVERE MENTAL ANGUISH, PHYSICAL INJURIES, EMOTIONAL DISTRESS, HUMILIATION, INDIGNITIES, EMBARRASSMENT, ECONOMIC AND MONETARY LOSS, DEGRADATION AND INJURY TO REPUTATION AS WELL AS LOSS OF ENJOYMENT OF LIFE.

SAID CLAIMS AND DEMANDS ARE HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT. YOU ARE HEREBY NOTIFIED THAT UNLESS THEY ARE ADJUSTED AND PAID WITHIN THE TIME PROVIDED BY LAW FROM THE DATE OF PRESENTATION TO YOU, THE CLAIMANTS INTEND TO COMMENCE AN ACTION IN THESE CLAIMS. CLAIM IS MADE FOR PERSONAL INJURIES AND FINANCIAL LOSSES FOR FIVE HUNDRED (\$500,000) DOLLARS ON BEHALF OF CLAIMANT LLOYD CAESAR.



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Medical Information

1st Treatment Date:	<input type="text"/>	Format: MM/DD/YYYY
Hospital/Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	
Date Treated in Emergency Room:	<input type="text"/>	Format: MM/DD/YYYY
Was claimant taken to hospital by an ambulance?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	

Employment Information (If claiming lost wages)

Employer's Name:	<input type="text"/>	
Address	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	
Work Days Lost:	<input type="text"/>	
Amount Earned Weekly:	<input type="text"/>	

Treating Physician Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address:	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	

Witness 1 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>

Witness 2 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>

Witness 3 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>

Witness 4 Information

Last Name:	<input type="text"/>	
First Name:	<input type="text"/>	
Address	<input type="text"/>	
Address 2:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
Zip Code:	<input type="text"/>	Phone: <input type="text"/>



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Complete if claim involves a NYC vehicle

Owner of vehicle claimant was traveling in

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Non-City vehicle driver

Last Name:

First Name:

Address

Address 2:

City:

State:

Zip Code:

Insurance Information

Insurance Company
Name:

Address

Address 2:

City:

State:

Zip Code:

Policy #:

Phone #:

Non-City vehicle information

Make, Model, Year
of Vehicle:

Plate #:

VIN #:

City vehicle information

Plate #:

City Driver Last
Name:

City Driver First
Name:

**Description of
claimant:**

- ☐ Driver ☐ Passenger
☐ Pedestrian ☐ Bicyclist
☐ Motorcyclist ☐ Other

**Total Amount
Claimed:**

\$500,000.00

Format: Do not include "\$" or ",".

The **Total Amount Claimed** can only be entered once the following
required fields are entered:

Claimant Last Name

Claimant First Name

Claimant Address, City, State, Zip Code, and Country

Claimant Email or Attorney Email

Date of Incident

Location of Incident (including State)

Manner in which claim arose

If attorney is filing, the following fields are also required:

Attorney Last Name, First Name, Address, City, State, Zip Code, Email

I certify that all information contained in this notice is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to criminal penalties and civil liabilities.